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CASE WORK WITH CHILDREN IN A FAMILY AGENCY

A THESIS

Submitted by

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CHAPTER I

INTRODUCTION

In the past turbulent decade when many of the basic rights of man have been challenged, when basic attitudes and standards have had to be re-examined, family life has been subjected to many strains, tensions, and anxieties. A world conflict challenges man's ideas and institutions, and causes strain in the weakest spots. A social upheaval takes place which is reflected in families and in the individuals of whom they are composed. Post-war years are always crucial ones in which basic institutions remain and are strengthened, or gradually weaken and crumble and are replaced by other forms of organization.

In our society, the family is the basic unit of organization. Not many families remained completely unaffected by the second World War, and peace has brought resulting problems of adjustment to many of them. Social agencies during and after this last war have had to deal with many problems which reflected not only the world unrest, but also the weaknesses which existed prior to it, and which the conflict brought to a sharper focus. This led many agencies, among which are family agencies, to again examine critically their philosophy and practices, to question what contributions they can make which will lead to further stability in this small, but yet complex basic unit of organization.

In a recent address by the General Director of the Family Service Association of America, he stated:

A challenge claiming special attention of family agencies during crucial post-war years is found in their unique opportunity to contribute, along with other community agencies, to the general welfare of children in the families using their service.¹

Before the outbreak of the war, many family agencies had been questioning how they could, within their setting and function, help children. Caseworkers recognized the need for getting help to children before they got into trouble. The war pointed this up still more, as juvenile delinquency increased, and as psychiatrists reported again and again that the cause of many of the mental breakdowns of soldiers went back to their childhood development and experiences in the family setting.

Family life is never static; it is always changing. Family agencies, in tune with this, and with the times, change also, from the point of view of analyzing and improving their techniques for the welfare of their clients and the community.

1 Frank Hertel, "Role of the Family Service Agency in the Community's Welfare Program", an address made at the Biennial Conference of the Family Service Association of America, April, 1947.

Purpose

The purpose of this study is to investigate the cases active in a family agency in 1947 where a child's problem existed. The approach to this study was made from two different viewpoints: 1. Is there a value in treating a child as a member of a family unit? 2. Is there an underemphasis of treatment of children in a family agency?

In addition, the following questions will be posed for study:

- (1) Is the child ever considered as an individual client of a family agency?
- (2) Where a child's problem is seen, is the focus of treatment on the parents or on the child?
- (3) Does direct treatment of the child come within the function of a family agency?
- (4) Should there be more direct treatment of children in a family agency?
- (5) What type of help is given children in a family agency?

They were cases where the child's problem was recognized sometime during treatment, where there was more than one client interview, and where treatment was directed towards the child, or towards the parents in relation to the child's problem.

Sources of Material

The data used in this study is from the statistical cards and the case records of Family Service, Inc. of Providence. Also the writer has drawn upon the literature in the field of social work which reflects the growth and change in the philosophy of treating children as clients of a family agency.

Method of Selection

Statistical cards of the agency for the year 1947 were examined, and it was found that there were one hundred and nineteen cases where problems relating to children had been recognized, and treatment evaluated. Of these, fifty-five cases were eliminated for the following reasons: where other agencies were active, where referrals to other agencies for treatment were made, where only one interview was held with the client, where the child was an infant, or was not in the state, where information only was wanted, and where the problem relating to the child was never clearly defined.

The remaining sixty-four cases were made the basis for this study. They were cases where the child's problem was recognized sometime during treatment, where there was more than one client interview, and where treatment was directed towards the child, or towards the parents in relation to the child's problem.

Limitations

Although in a large proportion of the cases studied problems other than those relating to children were present, they will be considered only in so far as they relate to treatment as it affects the child's problems. In many, the requests for service were initiated for help with these problems, as requests for housekeeper service, budgeting assistance, and help with marital difficulties, while help with children's problems came later, and treatment with reference to these will not be evaluated.

Also, it must be remembered that the study is limited to those cases which were active in and closed during 1947, so the conclusions drawn will be pertinent only to the Agency's activity and policy during this year.

1 Virginia Saldon, Steadily through the Years, Providence: 1942. The history of the agency as given here is based on this pamphlet by Mrs. Saldon, a volunteer. The pages are not numbered.

CHAPTER II

AGENCY BACKGROUND AND FUNCTION

Family Service, Inc. of Providence, R. I. was founded in 1892, as the Providence Society for Organizing Charity.¹ The Society's founders emphasized the wisdom of understanding each family's problems, and advocated learning the real needs of individuals seeking aid. Along with this recognition, a fundamental basis of social casework, the Society undertook many community projects. From its earliest beginning, the Society has always tried to maintain this two-fold function, of helping families on an individual basis, and of promoting community resources.

The agency has always tried to improve its professional standards and elaborate its program in the interest of helping the client. In 1913, the Society founded the Confidential Exchange; it established a camp program for tuberculous patients, which was later taken over by the new Tuberculosis League; the development of camping program for children; the development of the Home Economics Department, which was later discontinued to develop a Visiting Housekeeper Program in 1940. Since 1933, the agency has participated in the Student Training

¹ Virginia Seldon, Steadily through the Years, Providence: 1942. The history of the agency as given here is based on this pamphlet by Mrs. Seldon, a volunteer. The pages are not numbered.

Program in which five accredited schools have sent students. In addition, many other activities were started which were later taken over by other agencies - as a placement department for handicapped adults, and a program for occupational therapy which later led to the development of a new agency, the Bureau for the Handicapped; the organizing of a State Nutrition Association which pointed out the need for a State Nutritionist, who was later chosen by the State from the Home Economist Department of the Family Welfare Society.

The Agency has always been active in participating in community planning, taking the leadership in establishing, in 1923, the Council of Social Agencies, and in establishing the Providence Community Fund in 1926. It has been active in helping to develop a public housing program in Providence. The Society has always helped the public department meet the needs of Providence families, has urged that agency to take responsibility for giving relief in unemployment situations and where there was chronic illness. The Society has continued to actively help the Public Department secure adequate budgets for its families.

The agency has been affiliated with the Family Welfare Association of America from the very first. In 1924, the name was changed to the Family Welfare Society of Providence. Beginning then and continued in the thirties, a shift from relief to a service program was gradually made with emphasis

on rehabilitation. Throughout the years the agency has constantly tried to study and evaluate its own program so that the client, and the community of which he is a vital part, can better be served. In the past year the Agency has been intensively engaged in this process of evaluating its over-all program of service. It has re-examined and redefined its policies especially with reference to the giving of relief.

Along with this new emphasis on the non-economic aspect of casework service, has come a new change of name, effective in March 1948, which is Family Service, Inc. The Agency believed that the word "Welfare" in the title had a connotation of relief to the public, and that the new title more accurately describes its service.

In its recent period of self-study, existing services were carefully examined and considered in terms of community needs, as well as in relation to the community's total program of social services. This is in accordance with one of the agency's approaches to fulfill their purpose, which is "to assist families and adult individuals in using their capacities to lead personally satisfying and socially useful lives."¹ It uses two approaches: namely, social casework, and community organization.

¹ Objectives of Family Welfare Society, unpublished mimeographed report, September 16, 1942, p. 12.

Summary of Chapter II

The history of development of Family Service, Inc. of Providence has been given as the frame of reference within which this study has been made. In line with its program of self-study which is still going on, service to children is about to be considered by the staff. This served as an impetus to this study.

This private family agency, which is a member of the Family Service Association of America has been serving family life in the community for more than half a century. It offers "casework services to individuals desiring help with personal or family problems"² with its aim as "promoting sound family life"³. In addition to its casework program, the agency has continued to participate actively in community activities.

² Annual report of Family Service, Inc. of Providence, 1948.

³ Ibid.

CHAPTER III

CHANGING TRENDS IN FAMILY AGENCIES

Traditionally, family agencies in the past tended to focus on the adult, rather than the child. This is inextricably bound up with the history of social work, which in this country began with generalized treatment of the poor. Charity was the motif in which help was first extended to people with social problems. Out of this grew the tendency to isolate people according to categories, as the social group, or age group from which the client came, or according to the problem for which he sought help. This influenced the way agencies were established and how they functioned. Categorizing clients was the first attempt at individualization, and it was not until Mary Richmond showed social workers how to individualize people within these categories that social casework began to develop.

Thus clients were first individualized in the poverty setting, and consequently, social workers understood the family first in terms of its economic functions. Freud's studies, showing that all human behavior is psychologically determined, and the first World War which furthered the study of psychology, stimulated social caseworkers to explore and more fully understand the underlying dynamics behind human problems and relationships. As they understood more and more that personality and emotional problems were often behind the

categories "chronically ill" and "unemployed," they began to see families as presenting individual problems. In family agencies, the study of the meaning of relief to the clients who came for financial assistance individualized families and led to the increased understanding of family attitudes and relationships.

However, for many years this influenced placing emphasis on the adults rather than the children. Jean Gregory stated that "the traditional family agency had its eye on the adult, and . . . the tendency was for treatment to be more adult than child oriented."¹ The categories inherited from the nineteenth century were deeply imbedded and the process of breaking them down was a long and slow one.

What was the impetus for family agencies to choose this setting as a focus for treatment of client's social problems? Stanley Davies says that "the individual we were trying to help took us there".² He states further: family agencies did not become such out of a process of reasoning about the importance of the family, nor did they put an emphasis upon the family just because, as an aggregation of human beings in one household it presents a convenient unit for working purposes, but

1 Jean L. Gregory, "Relations between Family and children's Services", The Family, XXV: 251, November 1944.

2 Stanley P. Davies, Our Unchanging Goal: The Family, p. 13.

rather than as people revealed the problems that were really on their minds and hearts, these problems invariably led right back to the family and family relationships.

In family agencies the emphasis has always been upon family relationships and the needs of families as a group.³

Does this then preclude individual consideration of the various members of the family? Aptekar thinks not, as he says:

While the very term, family agency, implies that the case worker in such an agency works in the interest of the family as a whole, this can be done only through contact with individual members of the family - usually an individual member.⁴

This means then that treatment of individual members is of ultimate benefit to the family as a whole and is a means of helping the family as a unit. Throughout the various definitions of family agencies in which concern for the family as a whole underlies the help given in terms of its setting, runs the emphasis on individuals, as can be seen in various publications of the Family Service Association of America defining Family social work. These all describe family social work as "assisting individuals singly and in family units in developing to lead socially useful lives."⁵

3. Linton B. Swift, "The Purpose and Program of a Family Case Work Agency, "The Family", XX: 6, March, 1939.

4. Herbert Aptekar, "The Essential Function of a Family Agency", The Family, XX: 230, November, 1939.

5. "Family Social Work", Social Work Yearbook 1947 p. 177.

McLean and Ormsby,⁶ as well as Swift⁷ also describe its general purpose in the same words; one of the primary functions, according to them, that is involved in this purpose is defined as "individualized assistance through casework service on problems of family living and individual social adjustment."

The conception of concern for the family as a unit does not mean then that the individual member does not warrant special attention from the caseworker, but it is suggested rather, that the worker does have to consider the help given to the various members in terms of its effect upon the group as a whole.

Davies says that "the social worker emphasizes individual treatment and family service in the same breath. A satisfying family life does not hamper but rather fosters individual growth and development."⁸ This demonstrates, in applying it to family casework, that concern with the family as a whole is not incompatible with concern for the individual members. In a family agency the client is seldom seen without some consideration given to his family background and setting. He is not an isolated individual. Stroup states in relation to this:

6 Francis H. McLean, and Ralph Ormsby, Organizing a Family Agency, p. 1.

7 Swift, Op. cit., p. 3

8 Davies, Op. cit., p. 15.

To view the client as a totality is not sufficient; he is more than his individuality. He is not an autonomous sovereign bit of selfhood, a beginning and end of explanation in himself. He is himself plus. What the client is, more than himself can be most adequately and efficiently thought of in terms of his family environment and history. The family milieu gives the case worker the best possible clue to the client's individuality.⁹

Due to the economic setting in which the family was first understood, emphasis was first placed on consideration of the problems of adults. Children's problems were seen only in relation to those of the parents, not in terms of parent - child relationships, but in terms of effects of the parents' unemployment or illness on the child. Mary Stark has said that:

Family agencies have traditionally worked with children, but the focus in the past has tended to be on removing or easing environmental, social and recreational opportunities for children.¹⁰

As social workers began to individualize the persons within the family more, and to study inter-family relationships, and as they began to understand more of the dynamics of human behavior, they began slowly to see children as persons with problems that needed individualized attention,

⁹ Herbert H. Stroup, "What Does 'Generic Case Work' Really Mean?", American Journal of Orthopsychiatry, XVI: 332, April, 1946.

¹⁰ Mary H. Stark, "Family Agency Treatment of an Emotionally Disturbed Child", The Family, XXVI: 100, May, 1945.

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⁹ Herbert H. Strong, "What Does 'Generic Case Work' Really Mean?", American Journal of Orthopsychiatry, XVII: 328, April, 1946.

¹⁰ Mary H. Stark, "Family Agency Treatment of an Emotionally Disturbed Child", The Family, XXVI: 100, May, 1945.

and treatment other than environmental. The categories had begun to weaken as knowledge and understanding of behavior was increased, and gradually parents and children were not considered separately but their interrelationships studied.

This process was really begun sometime after the first World War when caseworkers trained in child guidance clinics and other psychiatric clinics began to bring their then specialized knowledge into the family agency. Caseworkers became more and more aware that the roots of adult difficulties and maladjustments are set down in childhood.

Gregory states that as they obtained

The knowledge that human beings react according to their inner drives and that the outward forms these drives take are primarily determined by early parent-child relationships . . . that they saw that the needs of children as individuals were often being overlooked, so family agencies began to concentrate more and more on direct case work with any or all members of a family group as the need arose.¹¹

They began to consider children as their clients as well as the parents.

This was a slow process of development, and study of the child as a client of a family agency is still being examined by many of them. The child as an individual can receive specialized treatment by a family caseworker within the agency's setting and function, and the agency can still fulfill the

¹¹ Gregory, Op. cit., p. 251.

essential purpose of "preserving and enhancing family life and coherence."¹² Many family agencies cling to the idea, in practice if not in thinking, that they improve the child's situation by what they do for the parent. While this may be true in many cases, yet on the whole this does not give full recognition to the role of the child as an integral part of the family, and denies many times the dynamics of the parent-child relationship.

Caseworkers are constantly engaged in re-examining their thinking and practice in terms of helping their clients more constructively. For the past few years particularly, they have seen more clearly that one way of attaining their primary objective of strengthening family life is the prevention of personal and social maladjustment before actual breakdown takes place. The child in the families who are clients today are the future heads of families. If seeds of future difficulties in adjustment are being sewn today in their family relationships, and if the caseworker can recognize them, then treatment now might prevent future breakdown. It is as they think of this that family caseworkers examine their present practices in relation to children. The difficulty to many

¹² M. Robert Gomberg, "The Specific Nature of Family Case Work"., A Functional Approach to Family Case Work, p. 114.

¹⁴ Gordon Hamilton, History and Practice of Social Case Work, p. 33.

workers is that they have become adjusted to dealing primarily with adults and have tended to see only vaguely the children with whom they come in contact.

Another tendency which encourages focusing on the adult is the separation of agencies into "children" and "family", with many children's workers feeling that the treatment of children requires special skills and techniques. This might have led to family workers feeling that they lack the skill in technique to attempt to help children directly. Yet in their emphasis on helping the family as a whole, perhaps they have overlooked or underestimated the value of treating the child, not as a special categorical problem, but as a member of a family unit which the family caseworker sees in operation.

"It is in the family that the child develops as a personality and where the first relationships are formed."¹³ Here, often, appear the first maladjustment in both, which are reflected in the later life of the child. Hamilton states that the family is important because persons tend to carry into the outer world attitudes built up in parental settings.¹⁴

It is within the individual family that the basic

¹³ McLean and Ormsby, Op. cit., p. 1.

¹⁴ Gordon Hamilton, Theory and Practice of Social Case Work, p. 31.

emotional patterns of the child are laid down, quite often as a result of the dynamic interplay of the other members on the growing child. Family life is never static, but constantly changing. Elizabeth Allen remarked:

The interplay of personalities (in a family group) is constantly shifting. In a family setting, one can't change one member's behavior without shifting the role played by every other member of the family.¹⁵

Stroup says that "the client is an individual who is what he is because of his participation in a definite family group."¹⁶ In a family agency the child is usually seen within the family setting and it is here that his problems have to be worked through.¹⁷ With her increasing knowledge of the dynamics of family relationships, the family caseworker can be of constructive help to children within this setting. By helping the child with his problems in connection with family relationships, she can actively participate in his reality and aid him in dealing with his problems. Although the family agency is a place where persons may come for help in problems of personal relationships,¹⁸ the family caseworker

15 Elizabeth Allen, "Individualizing the Child Within The Family", The Family, XI; 312, February, 1931.

16. Stroup, Op. cit., p. 331.

17. Family agencies which deal with child placements are not considered here due to the frame of reference in which the study was made. The agency wherein this study took place does not include services of this type for children.

18. McLean, and Ormsby, Op. cit., p. 1.

must always keep in mind that:

One can't change one member's behavior without shifting the role played by every other member of the family . . . when one drastically shifts the role of one member in the family, the entire picture is changed.¹⁹

Thus, treatment of the adult changes the family relationships, and it follows also that treatment of the child will affect the parents and other siblings.

Is there then a value in treating the child as a member of a family unit? The writer believes there is, that the family caseworker can't consider the child client as a person separated from his family environment. If she modified her treatment in terms of its effect upon other family members, it gives a more dynamic aspect to the role played both by the worker, the client and the other family members. Gomberg says that "the family is not just a background for understanding the client."²⁰ The casework situation must always be bound by the limitations of reality and when the worker takes these into account, her treatment will be more effective. The child is with the caseworker only a limited time and he must carry over into his family and other relationships what he experiences in the casework situation, and this will often have to be modified or changed. The caseworker, by focusing

19 Allen, Op. cit., p. 312.

20 Gomberg, Op. cit., p. 145

on the family as a unit, by not ignoring the rest of the family, will see these changes as they occur, and it will help her guide and evaluate her treatment. Gomberg says the "worker has to consider the meaning of help requested to the whole family as well as to the individual who requested it."²¹

In discussions of the validity of separation of children's and family agencies, often the children's worker states that the treatment of children demands specialized knowledge and skills that the family worker, who traditionally has worked with adults, lacks. Those who believe in generic casework believe that the family worker does have the basic knowledge and understanding which enables her to treat children in the casework setting, and that she can develop, depending on her personality and desire to work with children, the necessary skills. As yet, many family workers themselves are not convinced that they possess the potentialities for developing these specialized skills with regard to treatment of children, and the writer believes that in many agencies this lack of confidence leads to underemphasis on the treatment of children and overemphasis on adults. This is not the only factor, but is a barrier which might often block many family caseworkers from attempting to work directly with the child in the families whom she is attempting to help.

²¹ Gomberg, Op. cit., p. 116.

Summary of Chapter III

In order to provide a framework for understanding the main approach taken in this study, literature dealing with the purposes and functions of family agencies and the clients with whom they deal was briefly surveyed. It has been seen that family casework was first understood in terms of its economic function, and that as understanding of the dynamics of behavior and family relationships has increased, the categories inherited from the past have tended to break down. Some vestiges remain however today, as can be seen in the separation of 'family' and 'childrens' work. Casework services today in most family agencies are not confined to any one categorical group but are focused primarily upon knowledge of family relationships and the needs of the family as a group, including some specialized treatment for different members of the family group as the need is seen and is appropriate to the agency function.

It is within the family setting that the child's first relationships are formed, and where his personality is developed. As knowledge and understanding that behavior is primarily determined by early parent-child relationships was increased, that the value of treating the child as a member of a unit began to be realized. It was suggested also that the underemphasis, in family agencies, in focusing on the child, might be due to lack of development of skills applicable to treatment of children.

CHAPTER IV

Case Presentations

The group of sixty-four cases selected as the basis for this study was found to fit into five main classifications:

1. Cases in which environmental help was the focus of treatment.
2. Cases where the child's¹ problem was recognized by the parent or the caseworker, but the parent discontinued contact with the agency.
3. Cases where the focus of treatment was on the parents.
4. Cases where the focus of treatment was both on the parents and the child.
5. Cases where direct treatment was focused on the child.

Where Environmental Help was Focus of Treatment

The B. case is illustrative of this group of 13 cases in which environmental help was the focus of treatment.

Case #1

Donald, 8 years old, oldest of three children, was referred by psychiatrist of the Child Guidance Clinic, where he was receiving treatment, for camp placement for one or two weeks. The doctor believed that if he could get away for a week or two, it would be helpful to him, and also to his mother.

Donald was a behavior problem at home and at school, where he was reported to be aggressive and not able

¹ Child is defined in this study as any individual who is under 21 years old.

to get along with other children. However, at the Clinic, he was observed to be quiet and could not seem to express himself in play. The doctor believed that not only would camp be a valuable experience for him, but it would be helpful to get another outsider's report.

Both parents and Donald were considered by our agency in planning for camp. Discussion and interpretation of this experience helped all to understand its meaning. The agency helped with payment.

Later a camp report was obtained and discussed with the parents and with the doctor. Donald didn't find it so necessary to be active, and his mother was able to work out a schedule for his activities based on the camp's, and the doctor found the report helpful.

Treatment of the boy was continued by the Clinic with this agency withdrawing after completion of the camp experience.

In this group of cases, other services were given in relation to the parents in some of them, although the treatment was focused mainly on environmental help for the children.

Where Parent Discontinued Contact with the Agency

In 16 cases, although the child's problem was recognized as needing treatment, the parent withdrew from the agency before it was begun, or before treatment was completed. In some cases, only the caseworker recognized the child's problem, but in others it was recognized by the parents as well as the worker. This group is distinguished by the parents' breaking off contact with the agency although some treatment has been deemed necessary.

It would seem that, as this group forms one-fourth of the

cases studied, the family agency worker must depend on the cooperation of the parents if she wishes to treat the children. In working with adults, it is they alone who make the decision as to whether they wish to continue when help in solving their difficulties has been offered them, but children often do not make the final decision to continue working with the agency. The parents' wish that the child receive help is a prerequisite in many cases in a non-authoritarian agency if the child is to be assisted. This figure suggests that this may be a real difficulty which family caseworkers have to face, and that help to children must be considered in relation to the rest of the family if the child is to be available for treatment.

In the C. case which follows, the mother did not recognize that her daughter's behavior was beginning to show symptoms of maladjustment. When the worker began to focus treatment on direct help for the child, the mother withdrew, so that the child was not within reach of help from this agency.

Case #2

Marion, age 9, was referred by a grocery clerk for camp placement. When a worker called, it was found that Mrs. C. was feeling overwhelmed at the prospect of assuming complete responsibility for the child's care since her husband's death a couple of months previously.

Mr. C. had assumed complete responsibility for the family, treating Mrs. C. as a child, and she was now terrified. She had been in a mental hospital for a brief period just after Marion's birth where she was found to be not psychotic, but childish, immature, and mentally deficient. She feared she would die suddenly and talked of permanent placement so that her in-laws

would not be able to take Marion after her death. She was a difficult person to work with and showed many paranoid tendencies.

She had many fears about the child, and Marion appeared to be reacting to the unwholesome environment by expressing symptoms of fear and anxiety about being away from her mother. Mrs. C. showed distrust of all people; she did accept the interest of the worker, who tried to build up a relationship of trust and confidence, so that constructive plans for helping the child might result. Marion was seen only twice, and treatment was concentrated on the mother as her cooperation and understanding were needed.

It was felt that mental testing for the child and some interviews by the psychiatrist with the mother would enable the worker to know the child better, and would help in making plans, as the mother wanted placement. An appointment was made at the Clinic for Marion when Mrs. C. showed interest, but she later broke it and decided to keep the child. She refused further contact with the agency.

Later, when the child was showing behavior symptomatic of her relationship with the mother, it was deemed best, as Mrs. C. was suspicious of this agency, and as she refused to work with the child Guidance Clinic, for an authoritarian agency, which could protect children legally, to assume responsibility.

The problem here concerned a fearful, immature, emotionally unstable woman, brought face to face with the very painful reality of having to assume an adult role in being solely responsible for the care and upbringing of her child, which she was not emotionally ready to do. The prospect of having to go on doing this without her husband's support, which she did not feel able to do, terrified her, and she reacted with fear and anxiety. This was communicated to the child, who also reacted with fear and anxiety. The mother did not recognize the child's problem, and never realized that she

was the source of Marion's insecurity, which led her to become very anxious and fearful whenever she was away from her mother.

The worker realized the source of the child's fears, and focused treatment on the mother instead of the child. The mother's cooperation had to be gained before any direct treatment of the child could be begun, as the mother's suspicion acted as a deterrent to any attempt to see the child. It is likely, as she demonstrated some paranoid tendencies, that she would have been suspicious of this and would have prevented it. Her own fears might lead her to suspect that others also didn't feel she was able to care adequately for the child and they might want to question the child in order to find out if these suspicions were correct.

The mother needed supportive treatment, to feel that she wasn't alone, that she could lean somewhat on someone else as she had on her husband. The worker endeavored to build up a relationship of trust and confidence so that the mother would feel more secure, and might in time be able to share the difficulties she was facing in bringing up Marion, and could be helped in resolving them. With the worker involved in the situation it was hoped that the mother would feel more secure and would be less fearful and anxious about the child, and consequently would be able to give Marion more freedom. By easing her fears, the pressures exerted on the child would be lessened and she would be enabled to have a more normal

development.

In this situation, it seems essential that the treatment be focused on the mother, as a change in her would effect a change in the situation of the child.

It would seem that the worker should have continued to try to strengthen the casework relationship with the mother for a longer length of time than she did. When she changed her focus by bringing the clinic for Marion into the picture, the plan broke down. Mrs. C. did not yet trust the worker's interest in her enough to be able to go through with this plan. If the worker had built up the relationship more so that Mrs. C. felt that she was accepted in her fears, eventually she might have been able to bear the worker's activity in the child's behalf. When direct help was focused on the child, Mrs. C. withdrew, and Marion was then beyond reach of help from the agency.

In contrast with Mrs. C., Mrs. R., in the case that follows, did recognize that her child's behavior was symptomatic of maladjustment. Although she never said that she didn't really want the agency to help the child, the way she used the worker in relation to the child, and the withdrawal from further contact manifested that she did not really desire change.

Case #3

Marjorie, age 13, youngest of 8 children in a family consisting of mother, step-father, and 3 siblings

living at home, was referred by the Juvenile Court for case work services for the family. She had run away from home after a series of bitter arguments with her mother about money, personal freedom, and her resentment of authority.

No jurisdiction was evoked by an authoritarian agency, but it was believed both mother and child needed help before the girl would develop into a more serious behavior problem.

Majorie's parents were divorced when she was a small child, and she was fond of her father, as well as her step-father. Her mother was bitter towards her father and her resentment at the girl's seeing him often was a source of friction. The mother was a neurotic woman who ruled her family by her harsh, bitter tongue, and the relationship between her and the older children, as well as with Marjorie, was strained.

The mother had little understanding and acceptance of the girl, and Marjorie in turn admitted her inability to accept her mother's authority.

The worker talked to Mrs. R. and her daughter, interpreting case work treatment, and Marjorie agreed to visit the worker. However, the girl broke all her appointments, and the mother used the worker as a threat to Marjorie. After several visits Mrs. R. expressed the wish that the worker not return, stating that the situation was better, although she told of many arguments that proved this wasn't so. She tried very hard to discourage interest in the child, and was quite hostile, finally stating her husband was "peevish" at the worker's continued visits and wanted to forget the whole thing, as it brought unpleasant memories back to the children.

As the mother broke appointments, and the child never responded to those made for her, the case was closed.

This case demonstrates that in a family agency, the worker does not deal with an isolated individual, but rather with the evidences of the interrelationships of the members of a family unit. This involves a behavior problem of a child, but in considering its roots, it was early seen that it did not

develop outside the family, but was concentrated in it, and was expressed in relation to it. Marjorie's running away was a temporary escape from the arguments between her and her mother, and any attempt to deal with the problems from which she was escaping would necessarily involve her mother. In most cases in a family agency that involve children, the understanding and cooperation of the mother must be gained before treatment of the child as a client can be initiated, and Mrs. R. never fully gave this. She allowed the worker to see the child, but then used her as a threat to Marjorie, which led the girl to break her appointments. Although the mother gave verbal acquiescence to the worker to attempt to understand Marjorie in order to help her, it is evident that in reality she did not want this to happen, as she prevented it by the most effective means she knew.

In reviewing this case, it appears that the mother recognized that the girl did have a behavior problem which led to her running away, and with the consequent involvement of the police and the Juvenile Court. The recognition was limited to this however, as she had no understanding of the meaning of Marjorie's behavior and did not recognize what part she herself played in it. Marjorie's behavior was a way of getting attention, and was also a rebellion against authority. Mrs. R. liked to dominate her family and Marjorie's actions were a threat to this; any change in the child's behavior would

probably affect this domination, which was a source of satisfaction to her. It has been mentioned that a change in the behavior of one member of a family affects that of the other members, and a change in Marjorie's might have led to Mrs. R's having to give up this satisfaction. The worker was a threat to her here, and she displaced this onto Marjorie. She didn't really want the child to be helped, as it would bring about a change in the family pattern.

The worker couldn't lose sight of the relation of the child's behavior and that of her mother. She had to be concerned with the relationships of one individual to the whole, and this precluded focusing on the child as a client, although her behavior instigated the referral. Consideration of the family as a unit would not prevent the worker from treating the child directly, which she attempted to do, but points out that only by this approach could consideration of the child as a client have been brought about. Individual treatment of the mother and of the child could have resulted without forfeiting the orientation of consideration of the family as a unit. The worker's attempt to work with the family did result in some change in the family pattern. They allied as a unit instead of opposing each other as individuals against the worker, in choosing continuation of these quarrels rather than accept help which might lead to deeper changes in themselves.

Any treatment of Marjorie by the worker would have been

ineffective without the mother's cooperation, as Mrs. R. contributed to it to such a large extent, and this led the worker always to try to approach the child through the mother. It might be criticized that caseworkers should try to treat behavior problems before they become more serious, but this negates the roles of the rest of the family. A family worker, with her orientation to concern for the family as a whole, could not treat the child without considering the rest of the family in her planning.

Case #4

Mrs. L., an attractive woman of 30, requested camp placement for her two children, Jeanne, 13, and Frank, 11. She had been having difficulty with her second husband who was not the father of her children and had just begun divorce proceedings. Conditions in the home had been pretty upset and Mrs. L. thought it best for the children to be away for the summer. Frank presented no difficulties, but Jeanne had seemed disturbed since Mrs. L's difficulties with her husband had begun. She lied a great deal and didn't get along well on the whole at home. Before Mr. L. had left, Jeanne seemed to like him one day and hate him the next; she had once accused him of attacking her, but Mrs. L. decided, after an examination, that this also was a lie. Jeanne seemed to resent and hate her mother, and Mrs. L. said somehow she couldn't seem to talk with her daughter, and couldn't reach her in any way when difficulties between them occurred. Between her first and second marriage, when Mrs. L. was with the children a great deal, she gave them a lot of attention and she now felt Jeanne didn't want her to get married. Also, Jeanne is larger than her mother and Mrs. L. believed she resented her mother's youth. She often remarked that she wished her mother were older as other mothers were.

The worker focused on treatment of the mother, interpreting that camp wouldn't be a solution to the child's problems, and that it would be more helpful to focus

on understanding what was behind the difficulty, on what was bothering Jeanne so much that it made her difficult to get along with. However, this was never very successful as Mrs. L. continued to see camp as the solution.

Both children were seen, but no attempt was made to discuss Jeanne's difficulties at home. They both went to camp, where Frank complained of the food and asked to come home, and Jeanne didn't participate in group activities and wasn't very well accepted by the group.

Neither Mrs. L. or the children were seen again after the camp experience, as the mother never responded to the contacts made. The caseworker felt that camp plans had been initiated too quickly, and that a better understanding should have been gained of the children, particularly of Jeanne, before they were started. She felt that by focusing on the children as well as the mother, that help might have been directed toward helping the family as a unit in the home environment.

Here is an example of a case where the worker's focus on the parent led to lack of consideration of the family as a unit, and to lack of understanding of the children. They were problems revealed which were never completely understood by the worker as she didn't know enough about the interrelationships of the family, except through the mother's interpretation. Limiting her focus to the mother limited the worker's understanding.

The apparent problem presented was of a young, adolescent girl who is reacting to her insecurity by lying, and through difficulties in adjustment, both in her home and in her outside contacts. Her mother had been married twice, and during the period between marriages lavished attention on the children,

and then apparently turned much of her attention to her husband. From what is known of children's development, it is realized that they feel insecure when love is seemingly withdrawn in this way. Jeanne revealed this in her ambivalence towards her mother and step-father. She tried to prove him unworthy of her mother's love by her story of being attacked by him. It can only be conjectured that this might have been what she hoped, but when he really left, although it was not she who had driven him out, she may have unconsciously taken blame for this upon herself, and becoming convinced of her own unworthiness, accentuated it in her behavior, as lying. It is evident she wanted her mother "to look old like other mothers". This would imply, by having a mother different from others, she was different from other children. Such children often feel unwanted. To a child unsure of her place in her mother's affections, camp might have been a threatening experience - a punishment for wanting to get rid of her step-father by being herself cast out, or further proof that she was unwanted.

By not discovering how Jeanne really felt about camp, the worker did not allow her to express any fears that she might have, and the worker failed to find what meaning camp had for her. This was true not only of Jeanne but of Frank also. He said he wanted to go, and seemed enthusiastic about it, yet was there only a short time when he began to complain about it, and asked to go home. Jeanne, who never was enthusiastic about

going, but who didn't refuse, remained there although she didn't participate in the group activities and wasn't accepted well by the group. It was possible she might not have felt secure enough to ask to return home, but due to the worker's failure to understand the children and the meaning of this experience to them, it cannot be known.

This case shows how understanding of the children was subordinated to initiating plans which the parent wanted. Not enough time was spent in finding out what the children wanted and therefore treatment was not focused on the welfare of the family as a whole. The approach to the family as a unit has to be made through the individual, but the emphasis should not be on one person, but on all. By failing to consider the children as her clients as well as the mother, and thus not giving them individualized attention, although the reason for coming to the agency concerned them, the worker was not able to be of real help to them, as she did not see what meaning it had for them. Also she was not able to understand what happened in the family as a result of sending the children to camp, and why the mother did not continue contact with the agency. She never discussed Jeanne's difficulties at home with the child, and if the mother had understood how the worker could have helped, a good basis for returning to the agency would have been established, and possibly help with the problems that were causing the children so much unhappiness

might have been possible.

Where Focus of Treatment was on the Parent

In twenty-one of the sixty-four cases studied, the focus of treatment was on the parents when a child's problem was seen. It would seem that family agencies tend yet to focus on the adults rather than recognizing the children as their clients, even though problems concerning the latter are involved. Two cases will be presented in an effort to determine if there is any justification for this, and to see if focusing on the parents does help solve some of the children's difficulties without more emphasis on direct treatment of the children.

Case #5

Raymond, age 7, was referred to the agency by his mother because of a behavior problem--was a truant and a runaway. He was born previous to Mrs. C's present marriage, by a man whom her family had forbidden her to see.

Mrs. C. is a very obese woman of 26, married to a man 55, who is a heavy drinker and suffers from a duodenal ulcer. There is considerable marital tension between them. She describes him as shiftless and concerned with himself. Although she says she needs to dominate someone like her husband, who is meek, passive, and sick, she resents his dependence on her, which she relates to her own mother's resentment of her children's dependence on her.

Mr. C. is very fond of Raymond, and the latter reciprocates. When 3 years old, the boy heard his birth discussed and for a short time was concerned with who he was, but hasn't questioned this since. There are 3 girls, children of Mr. & Mrs. C., in the home, and the mother openly identifies with them. She identifies Raymond with her younger brother who was a behavior problem.

When Raymond ran away, he always went to the home of his great-grandmother, Mrs. P., where he was over-indulged by her. Her husband, Mr. P. sometimes plays with the boy, but other times openly proclaims his hatred for him. Raymond's mother wavered between two extremes in her discipline of him, one of harsh punishment, and one of apathetic over-indulgence. Mr. C. does not believe in discipline, and is over-indulgent towards the child.

Treatment in this case was focused on Mrs. C., although the child was seen twice. Mr. C. was seen also, as well as Mrs. P. and other relatives. Mr. C. at first brought the boy to the office, expressing interest in helping the boy, but quickly lost this and went on a drunken spree, refusing to bring him again. It was not possible to see him in the home, except incidentally due to Mrs. C.'s feelings, and her need to justify herself to the worker. She felt that because of her own deprivations, she couldn't give the boy the love and affection which she had missed in life. Raymond symbolized to her her life of frustration and she gave all her affection to the girls.

She was unwilling to assume any responsibility for Raymond's behavior, so referral to the Child Guidance Clinic was decided against, in conference with that agency. The psychiatrist advised placement in a study home because of the extent of Raymond's disturbance and the instability in the home situation. This was discussed with Mrs. C. who accepted it as the only possible solution, and she was helped in making the necessary arrangements.

Unless treatment had been focused on the mother in this case, as was done, it is probable that Raymond would never have been admitted to a study home, a very important step in arriving at a solution to the basis of his difficulties. He was a boy suffering from personality maladjustments expressed in his behavior in ways that could become serious. His birth, which was illegitimate, was an act of defiance on his mother's part; he was the child of a woman who suffered what she

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considered a life of deprivation, and who saw in him only a symbol of this frustration.

The interrelationships in the family were very complex. Mrs. C's mother resented her children's dependence on her, and Mrs. C. compensated by trying to dominate her husband. Although she succeeded in this, she in turn resented his dependence on her, and Raymond also. It is not known if her father was a meek, dependent man as her husband was, but she seems to have identified with her own sex and to have rejected men. Raymond was the concrete expression of his mother's attempt to punish her mother for depriving her of love and affection, by having a child by a man of whom her parents didn't approve. Mr. C. was interested in the boy, but this wavered; he was not able to keep appointments to bring the child to the office. Raymond ran away from home where he felt unwanted, and obtained love from his great-grandmother, who over-indulged him. His great-grandfather was ambivalent towards him, sometimes giving him tokens of affection, as playing with him, while at other times saying he hated him.

Raymond has never had the experience of receiving love on a steady level, and thus has never learned how to love. His mother was sometimes indulgent, and at others harshly punishing. His step-father vacillated in interest. His mother gave all of her affection to his sisters. He didn't know his place in the world, didn't know who he was. It is natural that his behavior

should be disturbed as the boy had nothing stable to be guided by, or to cling to. However, it seemed that psychiatric help was needed for him, and the problem became one of getting it. His mother had never received help, and she was not willing to assume responsibility for obtaining it for him. She needed to justify herself to the worker, and had to have a great deal of support to decide he should be studied.

As his mother would not accept any responsibility for his behavior, any direct treatment of the child, even though it was limited, would not have been possible. Therefore the worker concentrated on helping her also to make the decision that Raymond should be studied, and to give her enough support to go through with this plan. The pressure of his behavior brought her to the agency, and she knew something had to be done. Having him studied in the setting of a study home put him "outside of her" so to speak, and the worker's interest in her and recognition that she also had needs of her own which had been frustrated, enabled her to go through with the plans.

Direct treatment of the child in this case would not have accomplished much; focus on the mother was necessary to obtain help with his problems for the child. The step-father's interest was not sustained enough to enable him to cooperate in getting to know the boy, so this left the mother the only member in the family with whom to work.

The D. case which follows is concerned also with giving

supportive help to the mother, but lacks the deep personality difficulties that characterized the R. case above.

Case #6

Mrs. D. applied to the agency for financial help, and help in getting treatment for her 11-year-old son Richard, who had a severe speech impediment. School reports revealed that he was in a special class, that he made only slight progress in his speech classes, that he was very sensitive to criticism, and that he expressed his resentment toward his defect mainly in constant fights with the other children. The school was unable to give him the individualized attention they felt he needed. He was known to the Child Guidance Clinic where a psychometric had been given. They reported him of borderline intelligence and there was a question of how treatable his condition was; they recommended referral to the Bradley Home for study as there was the possibility of neurological difficulty.

Mrs. D. refused to allow her other sons to be contacted, as she thought they would become very irritated with her for going to a social agency for help, and she blocked all attempts to talk with them about the situation. They were putting pressure on her "to do something for the boy". As the interviews progressed, Mrs. D. showed many disturbed tendencies. The relationship between her and Richard was one of mutual protectiveness and dependency.

Treatment was focused entirely on the mother, as she needed a great deal of supportive help both during and after the period of making plans for further study of Richard. He was observed only as he accompanied his mother to the office. With this supportive help, Mrs. D. was able to make definite plans for him to be admitted to the Bradley home for study, and as the child Guidance Clinic maintained interest in her, the case was closed.

Supportive help was given to the mother which enabled her to form and carry through treatment plans for her son. She felt under pressure from her other sons to get some treatment for Richard, but this feeling of pressure resulted in flitting

from idea to idea and not being able to decide what to do. With the help of the worker and the assurance that plans could be worked out, she was finally able to allow him to be studied. When she first applied to the agency, she didn't want this, as she wanted him "treated", but was finally able to make the decision that study was a necessary preliminary step. The support of the worker enabled her to withstand the pressure from her other sons. The worker in this situation also wanted to see the family as a unit, to have each member interested in helping the boy, and the worker felt they should share in the planning. However, Mrs. D. would not permit this, and so treatment had to be necessarily focused on her. Direct treatment of the child was in no way indicated here, as the agency could not supply the help he needed, so treatment was limited to helping his mother obtain the help necessary. This infers that the help extended was of a very simple type, but due to the fact that Mrs. D. showed tendencies throughout the interviews of a disturbed personality, it was not. Without the agency's help, Richard would not have been helped, so "treating" the mother was to "treat" him. In other words, focusing treatment on the parent led to a way to obtaining treatment of the child's problem.

Where Focus of Treatment was on Both
Parents and the Child

As many of the problems of children are a result of earlier maladjustments which were reactions to the parents

behavior, attitudes or feelings, it would seem that in every case involving children's difficulties some consideration of the parents is necessary. Children rarely can be treated alone without involving other members of the family. In this group of ten cases which have been classified with reference to the focus of treatment being on both the parents and the child, both received direct help from the caseworker. Both parents and children were considered as her clients and they were treated as a family unit. Three cases in this group of ten will be presented.

Case #7

Mrs. C. came to the agency concerned about the behavior of her oldest daughter, Regina, age 15, who was staying out late, getting into some difficulty and was in general disobedient. Mrs. C's husband, who was Regina's stepfather, was in the service and Mrs. C. felt the weight of responsibility for the girl's behavior. Regina's father had been drowned when she was 4, and Mrs. C. had shortly remarried. There were 3 younger children in the home.

Regina complained her mother lacked understanding and was too strict, and that she had to take too much responsibility in the home for a girl her age. Throughout this case, work was focused on the difficulties within the family situation. This, particularly, was with her mother while her stepfather was in the service. The worker helped both to clarify what they wanted of each other and this led to better understanding between them.

When Mr. C. returned home, the difficulties, which had been modified to some extent by the case worker's help and interpretation, returned. From then on, there was constant friction in the home between Regina and her mother and stepfather, which culminated in her running away.

Mrs. C. blamed her husband for part of this difficulty as he wasn't very understanding of Regina and he didn't want her in the house. Although she would verbalize genuine concern and interest in Regina and wanted help with the behavior problem, she actually did nothing about this and refused to accept any responsibility for her own part in the relationship. The worker felt both the Cs rejected the girl.

When Regina was returned, Mrs. C. made arrangements for her to visit her sister in Chicago, where she remained for some months. Both the family and Regina kept in contact with the worker, the girl by writing, and the worker by visiting the C. home. Later Regina asked the worker's help in returning home. After she returned, Mrs. C. related that the situation had improved, and as there didn't seem to be any further need of the worker's services, the case was closed.

The worker stated that her focus was on the difficulties within the family situation. She was concerned primarily with the behavior of the child, which was not seriously out of line, but which was causing friction between her and her parents. Direct treatment was given both to the parents and to the child.

To Regina, her mother was a very strict person who forced too much responsibility on her and did not understand her or make any attempt to do so. Mrs. C., whose husband at the time of the first contacts with the agency was in the service, did not make any attempt to understand her daughter's viewpoint, and neither could discuss it with the other. The worker first saw the mother, and then the daughter, giving both the opportunity to express their feelings and resentments. The worker gave individualized attention to them both, encouraged expression of their feelings, and interpreted to each the

meaning of their separate roles. To the mother, she explained the behavior expressed in adolescence. To the child, although not accepting of behavior not heretofore approved by Mrs. C., limited and defined in more objective terms the realities of adjusting one person's desires and actions to other members of the family.

Through the interpretative help, and acceptance of each as an individual, mother and daughter were able to talk more freely to each other and to work through some adjustments each had to make. However, when Mr. C. returned from the service, this help was not enough to enable them to continue on this basis. He wasn't very understanding of Regina and quarreled often with her. It became more evident that Mrs. C., although she appeared concerned about Regina's behavior, which was becoming worse according to her standards, really didn't do anything about it. She sided with her husband and apparently Regina felt alone.

This might be a place where the worker might have been of more help to Regina, concentrating more attention on her and giving her the feeling that the worker was interested in her as a person. It would have been possible to do this without changing the focus from the family as a whole. Regina had established a good relationship with the worker, as had Mrs. C., and it might have lessened Regina's tension somewhat to talk to someone who was interested in her feelings. Mr. C's return to the home brought about a new balance in the relationship

between the mother and child, and Regina reacted to this, by expressing her resentment of her mother's abandoning her to ally herself with Mr. C., by doing what she knew would annoy them. They had no real desire to help Regina, and after she ran away and was returned, sent her out of the home.

Treatment was directed towards modifying personality difficulties of members of the family with the focus of doing this within the family situation. The coherence of the family was considered primarily as it was the break in this that caused the frictions. It was within the family setting that this problem had to be solved, and the dynamics of the inter-relationships understood, and the worker, by focusing on treatment within the family setting and on both the mother and the child, kept within the limitations and function of a family agency, and considered the child as a client as well as the parent. To have worked with Regina, interpreting why she was reacting to the family situation in the way she was, without considering the mother also as the client would not have been realistic, as Regina would still have had to make her adjustments in the home, and she could not do it alone.

Case #8

The S. family was first known to the agency in September, 1943, when an application was made for a homemaker. Mrs. S. was then in the hospital suffering from hypertension. After some time, it was found that she had a brain tumor, and that this was fatal.

Casework services were given in areas around management of the home, Mrs. S.'s illness, and with the parent-child relationship. Mrs. S. had many physical and emotional problems that made casework with her slow and difficult. Patsy, her 9-year-old daughter was presenting behavior problems, having difficulty in school, and being very aggressive and hostile at home. Mrs. S. had no insight in or understanding of the child's unhappiness, and the relationship between them was very poor. Patsy's behavior was the demanding type of a severely deprived and rejected child, and she often expressed the feeling that no one liked her, that everyone thought she was bad. Mrs. S. "nagged" at the child, and Patsy fought back. Mr. S. had no insight into the basis of the child's difficulties, and persisted in thinking that they were the result of her being too active and mischievous. He described the school situation as "a tempest in a teapot" and had no wish to go into it any further.

Due to personnel changes, there was a succession of several workers involved. Patsy demonstrated an ability to relate with them, and she was given the opportunity of expressing her feelings about her mother, and her mother's illness. She was sent to camp, so that she could have the experience of being in a group of physically well people and removed from the atmosphere of illness. Her behavior there was demanding and she constantly sought attention. Treatment was not extended to her separately beyond this point.

Mrs. S. was deemed too sick a person to have much carry-over into her relationships with her husband and child. Patsy's behavior was interpreted to her as normal, and she progressed only far enough to talk of her own deprivations as a child and relate them somewhat to her treatment of Patsy. She never gained much insight or understanding of the child's behavior. Constant attempts were made to help Mr. S. participate more actively in the planning with regard to the total family situation with very little success. He showed no understanding of the child's behavior and resisted interpretation by the caseworker.

Although Patsy was in need of a great deal of help, in needing to identify with a healthy adult so that she could free herself from guilt feelings when she expressed aggression, by being

accepted and not judged, this was not given to her. This situation was a very trying one for an active child of nine years. For many years, her mother had been ill in bed - the child was brought up in an atmosphere of illness. Her mother was not only physically sick, but emotionally; she was so immersed in her own tragedy, she could not give Patsy the love and affection all children need in order to feel secure. Patsy was not yet showing severe maladjustment, but if her mother lingered on, demanding a great deal of attention, restricting the child's freedom, it is likely that Patsy's behavior might become worse.

One of the workers in this case did take Patsy out of the home a few times and talked with her, encouraging the child to express her feelings and aggression and later she was sent to camp. The caseworker was in a position to give her individualized attention; her mother was emotionally unable to give it to her, and her father didn't recognize her need for it. As Patsy related to each worker quite easily, it would seem that it would have been possible for a great deal more to have been done for her. Her camp experiences would have provided a realistic basis for the worker to go into the difficulties she was experiencing in adjusting to other children, but after camp no further attention was given to the child, except with reference to interpreting her behavior to her parents, and attempts to interest Mr. S. in Patsy's problems. It appeared that no one was interested in the child, except as her behavior

was bothersome, and the worker could have been of real help to the child. Patsy had to take many responsibilities about the house and in caring for her mother that many children of that age do not have to take, and when she expressed any hostility, her mother made her feel guilty. Patsy needed to express these feelings verbally, instead of in her behavior, to a person who could understand why she felt that way and could accept them. She needed to be able to identify with an adult who was not ill, as she did not have the opportunity to do at home.

The focus of helping the family as a unit was kept here, but it would seem that this is one of those situations where the child should have been considered more directly in treatment. Mrs. S. never understood Patsy's behavior and didn't see the role she played in it. She "nagged" at the child, and after many interviews with the worker saw that she was relating her own deprivations in childhood to her treatment of Patsy. She could not go farther than this, and after the worker realized this, and after failing in attempts to interest Mr. S. in participating actively in planning, she should have concentrated on the child as her client. It would have been possible to maintain continued contact with the rest of the family, as Mrs. S. had some realization that Patsy needed help, and had shown she could share the attention of the worker.

It would seem that Mrs. S. was primarily considered the client of the agency, and that although some direct attention

was given to the child, she was not considered the client. The experience could have been more meaningful to Patsy if the help of the workers had not been so limited. A meaningful relationship could have been built up with her as it would seem likely that the child would continue to have difficulties. The worker closed the case when she felt it would not be constructive to go on without Mr. S's active participation in family planning, which is in keeping with family agency policy, but it would seem that the child was not primarily considered in treatment as much as she might have been. If family workers are to think in terms of helping children before serious trouble develops, before serious personality maladjustments occur, they will have to clarify more than they have ways they can help these children. Many cases will be similar to this, where the parent's insight and understanding are limited, but where the child is in need of help before the difficulties become more serious. It should be possible to help these children within the family setting, and yet concentrating treatment on them.

Case #9

Mrs. W. and her daughter, Edith, 9, were referred by the Child Guidance Clinic to discuss camp plans for the child, who was presenting behavior problems. Mrs. W. who had been divorced from her husband for several years, had gone to the clinic for help with Edith whom she described as difficult to handle and having temper tantrums. The clinic found that she was quite rejecting of the child. She resisted treatment and continually broke appointments.

Mrs. W., who worked, wanted the child away from her

for the summer. As the interviews with the mother progressed, she was found to be an aggressive, quite insecure person who was overtly rejecting her daughter. Edith was quite withdrawn and although she appeared to relate to the worker quite easily, it was felt that this was only superficial and never very meaningful to the child.

The worker questioned the advisability of sending Edith to camp, but discussed this with both of them at length. Mother and child were seen separately over a period of weeks by the same worker. First the child was seen, and then the mother. The caseworker believed that this was one of the factors that hampered Edith in establishing a relationship with her wherein she would feel free to talk about the things that bothered her. Edith did not want to go to camp and the worker felt that it represented a threat to her, and she endeavored to help the girl express this, but couldn't. The child apparently gained some security in the relationship however. She finally decided she would enjoy a camp experience, but limited it to two weeks.

In her relationship with the mother, the caseworker tried not to identify with the child, as had apparently happened at the clinic. Mrs. W. was not able to say anything positive about Edith, and as the interviews progressed she seemed less hostile and critical towards the child. Camp plans were never worked out, as there didn't seem to be one available which would fill the child's needs and the special kind of experience she needed. The case was closed when Mrs. W. decided to send Edith to her aunt's. This, however, expressed real growth on the mother's part, as up to this time when the worker talked to her of the child's desire to go there, Mrs. W. had refused to consider it. At the time the case was closed she was able to tell the worker that her wish not to send the child there was a way of punishing Edith for her behavior although she hadn't realized it, and she now recognized that this wasn't very helpful to either one of them.

The worker believed at the conclusion of this case that probably no great change in the parent-child relationship took place, but felt that both had been given some help. The child had had the experience of feeling the interest of an adult in her wishes and needs, and she could explain her feelings without being punished. The

mother seemed much more relaxed and patient with Edith, appeared more comfortable in the relationship between them, and her guilt feelings around her rather overt rejection of the child seemed to have been lessened.

A request for camp placement is often looked on as requiring simple environmental treatment, yet family case-workers know that behind this request lie all types of problems. It always has particular meaning for the parents (usually it is the mother who makes the request), and for the child. The stress too often in the past has been on its meaning to the parent, and attempts to learn what it means to the child have often been limited to asking the child if he'd like camp, and inquiring about his interests. This takes away the reality of a camp experience in terms of treatment, as too often in the records is it found that the child didn't adjust at camp, or felt threatened by it, and it was found that the caseworker had no real understanding of what camp did represent to the child.

In the W. case presented above, the worker did attempt to learn what it meant to the child. It was apparent what it meant to the mother, as she frankly stated she wanted her daughter to be away all summer. Although plans were never completed, casework treatment was focused on help about planning with reference to this, and resulted in some improvement in the parent-child relationship, difficulties in which led to the request. The worker questioned from the beginning if camp were the solution to the problem, and told the mother this, but through interviews with both of them about this, was

able to understand the dynamics of the relationship between mother and daughter.

The child used these discussions to air her feelings somewhat, and the worker hoped to give her enough security in this to enable her to be able to discuss her deeper problems. Edith, however, was not able to do this. Through them, though, the child did become secure enough finally to make the decision herself to go for a limited time. This gave her the experience of not being a helpless child, powerless to do anything about the decisions adults might make about her, but she was given the chance to say what she thought about it, without being punished, and to participate in the plans. The mother was not given the feeling she was being criticized for wanting to send her daughter away, and the worker's discussions of plans about which she expressed doubt, gave Mrs. W. acceptance and enabled her to go on and question why the solution had to be camp, and not what Edith wanted, namely to visit relatives. She gained some insight into the reasons why she wanted to send the child to camp, and then was able to go ahead and make plans which were more realistic in terms of being helpful to Edith. She was able to be less hostile then, and more patient with the child when, through the worker's giving consideration to what the child as an individual wanted, she could see Edith as being apart from herself.

This demonstrates that the child can be considered as a client without losing the focus of considering the family as a

unit, and shows that treatment of the child as a client is not opposed to this, but a part of it. The problems of the mother were dealt with, and so were the child's, with the result that the relationship between them improved. Change in the mother's attitudes, which although not perhaps deep-seated, enabled her to be less guilty about her feelings of rejection of Edith, and consequently she could be more accepting. Edith was helped by this change by being able then to visit her relatives, which was not threatening to her, as was being sent to camp. She was helped more directly by the worker although she was not able to take full advantage of this.

The parent's needs were not concentrated on at the expense of the child's, but the needs of both were considered. Both received help from the caseworker, which enabled plans to be brought about which were helpful to both, and not just to fulfill the mother's needs. The problems of both were individualized, but the worker never lost sight of the fact that each was a part of the total family situation. She helped both to a new role: Mrs. W. as a less rejecting and hostile mother to a more accepting one who has less need to punish her daughter, and Edith from a child who has always been punished for trying to express her opinions and feelings to one who is encouraged to tell of her wishes and problems. The meaning of the help requested was considered in terms of the family (even though the family is a small one), and not in terms of one individual. The family caseworker has a responsibility to the child as a

part of the family, as well as to the parents.

Where Direct Treatment was Focused on child

In the four cases which compose this group, some work was done with the parents as well as the children in all of them. However, the main focus was on direct treatment of the child, and this distinguishes them from the other groups.

Case #10

John, aged eighteen, was referred to the agency by the American Red Cross to whom he had made repeated requests for help in connection with finding a job. He was dull and suffered from a speech defect. At one time he had been to Exeter State School for the feeble-minded, but the family had soon removed him as he was unhappy. He was able to perform only simple work, was found to be extremely lacking in social maturity, unable to respect authority or to know where he stood in relation to other people.

He had applied for help at various employment agencies but had been unable to use this help because of his immaturity and inability to stay on the job - he had been unable to hold any job for very long.

John's mother was very understanding of his limitations, but his father was a bit punishing in his attitude towards the boy. Both parents were seen during the period that John was coming for regular office interviews, and they both showed some receptivity to discussion of his limitations. His father showed some understanding that nagging him was of no avail and that what the boy needed was patience and understanding. He found it difficult to accept his son's dependence on him and could think of modifying his attitude towards only if the latter were able to find a job. Both parents thought it advisable that he work away from home.

Although some work was done with the parents, exploring their attitudes about their son's limitations, treatment was focused primarily on John himself. He felt he was picked on by people, and taken advantage of; this provoked frequent aggressive outbursts. He complained bitterly of his father's attitude and seemed to have some insight into his suggestibility and took pride in the fact that he had been able to avoid

involvement in delinquent activities. A psychiatric consultation through the State Department of Rehabilitation revealed that he did have paranoid trends, suffered from repressed hostility, and showed evidence of emotional instability and depression. The role of the caseworker was focused on finding a job for John, although no direct placement service was offered - with the view toward supervision and support while working, until he would be better able to work through the conflict and tension at home. The worker tried to reach this goal by discussing his situation with many other social agencies in the community, by encouraging discussion of the boy's limitation with his parents, with the goal of more acceptance on their part, particularly the father's, and by encouraging John to discuss his feelings of hostility and resentment. The worker was a man, and gave the boy the feeling of acceptance that John wanted from a father figure. Supportive help and direction was given the boy, but gradually, when limitations in community resources prevented the worker from helping John to find work, he lost interest and broke appointments, and the case was closed.

Although treatment was focused on the child in this case, in line with viewing him with reference to his family situation which was a part of him, the worker did some work with the parents in terms of helping them, particularly the father, to understand his limitations and to be more accepting of them. Other than this, treatment was focused on John, in attempting to help him to express his hostilities, which were pent up inside him and causing him mental and emotional suffering. Treatment was both environmental and supportive; environmental in terms of trying to relieve the external pressure of not being able to find and keep a job, and supportive in terms of sustaining him, while the solution to the problem he presented was found, and helping to minimize John's feelings of failure and inadequacy.

The worker tried to help him by using casework and community resources. Unfortunately, in this situation, community resources were limited so that John was not able to find work that he could do and where he would be happy, so the help given was on a casework basis. This necessarily had to be limited due to John's limitations, so that the worker could be helpful only by trying to reduce the pressures at home so that John would not have to express his aggression so overtly there, and so his feelings of being discriminated against would not be so intense.

Help was focused on John and not on the parents, but the worker did not lose sight of his function as a family worker by neglecting to see the relationship of this boy to the rest of the family. He considered John's position in the family configuration and tried to help him to find a better role within; by trying to help him obtain work, he was trying to help him be more accepted by the father, as the latter would not have been so concerned by his son's limitations if the boy could find a job. By discussing John's limitations with the worker, the family was able to become more accepting of him and to feel that they did have an important part in the planning, that although John had gone for help outside the family, that their opinions and help were wanted and considered. Even though the worker confined his attention mainly to one individual in the family, namely the child, he did not ignore the

before the child can be helped.

family, its needs or interrelationships.

Summary of Chapter IV

It was found that the total cases studied could be classified into five main groups: 1. Cases where environmental help for a child was the focus for treatment. 2. Cases where the child's problem was recognized by the parent or caseworker, but the parent discontinued contact with the agency. 3. Cases where the focus of treatment was on the parent. 4. Cases where the focus of treatment was on both the parent and the child. 5. Cases where direct treatment was focused on the child.

In this chapter, ten cases were presented to illustrate some of the factors involved in each group. In twenty-five per cent of the cases, the parents withdrew from further contact with the agency before treatment of the children was completed. The three cases which were presented from this group showed that in a family agency that wishes to help children, the family must understand the necessity for treatment, and their cooperation must be obtained, if the child is to be accessible to help. Also, the family worker must always keep in mind that she is not dealing with an isolated individual, that change in one member of a family affects the other members. She must be prepared for this, and must be aware of the interrelationships of the family, and try to understand their dynamics. If not, the parents will withdraw before the child can be helped.

In the two cases presented which illustrated those where the focus of treatment was on the parents, it was seen that although family workers still tend to focus on parents more than the children, that it does seem necessary in some situations to do this in order to help the children, and as a way of helping children.

Each individual client is a part of a total family situation, and the family caseworker has to consider the role and position of each member in the family configuration. However, she can consider the needs of both parents and children, and individualize them, without losing sight of the family as a unit. The child can be considered a client without losing this focus. It would seem that if family workers are to help children more than they have in the past, they will have to clarify the ways that they can do this more than they have yet done.

Approach to this study, literature summarizing the purpose and functions of family agencies was briefly surveyed. This led to the understanding that family case work was first understood in terms of its economic function, and this precluded consideration of children as the family worker's clients for some time. Emphasis in the past has been on parents rather than on the children, and the shift to treating children as clients of a family agency has been a slow one. When individuals began to be categorized into groups, as by age and occupation for example, children were seen in a separate category. Treatment

CHAPTER V

Summary and Conclusions

This study was undertaken to survey case work with children in a family agency in a given year, with a view to determining if there is a value in treating the child as a member of a family unit, and if there is an underemphasis of treatment of children in a family agency. The following questions were considered: 1. Is the child ever considered as an individual client of a family agency? 2. Where a child's problem is seen, is the focus of treatment on the parents or the child? 3. Does direct treatment of a child come within the function of a family agency? 4. Should there be more direct treatment of children in a family agency? 5. What type of help is given children in a family agency?

In order to provide a framework for understanding the approach to this study, literature summarizing the purpose and functions of family agencies was briefly surveyed. This led to the understanding that family case work was first understood in terms of its economic function, and this precluded consideration of children as the family worker's clients for some time. Emphasis in the past has been on parents rather than on the children, and the shift to treating children as clients of a family agency has been a slow one. When individuals began to be categorized into groups, as by age and occupation for example, children were seen in a separate category. Treatment

of children's problems was mostly on an environmental or recreational level. Very slowly family caseworkers have come to understand that it is not valid to consider the child apart from his family.

With increased understanding of the dynamics of human behavior has come the recognition by family workers that it is within the family setting that the child's first relationships are formed and his personality developed. Developing with this has been the gradual recognition that the family case worker can consider the child as her client within the function of the agency by treating him when possible in this setting. Some family agencies have developed further than this, by dealing with children who are not within their own family setting. However, the division into 'family' and 'children's' agencies show that many agencies still see the child only in terms of his own family setting.

Many of the problems of children are a result of earlier maladjustments which were reactions to parents' behavior, attitudes and feelings. It appears that in most situations dealing with problems of children, some consideration of the parents is necessary. Treating the parents is a way of helping the children, and in the past this was considered enough for family agencies. As most children who are clients of a family agency have to deal with their problems in a family setting, it would seem realistic for the worker to

solve them there.

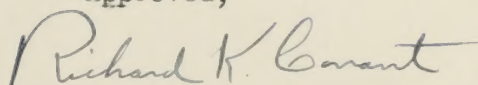
This infers then that the child is not seen as a separate individual apart from his family, but rather as a member of it. Implicit in this is the recognition of the dynamics of family relationships, which is the specialized field of the family caseworker. The child as well as the parent can be considered as a client within this focus of considering the family as a unit, with recognition of the dynamic role of each member. By focusing on the family as a unit, which allows individualized treatment of the members, the child is made more accessible to treatment. The parents' understanding and cooperation is needed to help the child, and knowledge of the changes that take place in the various members of the family as a result of treatment is helpful to the worker. To treat the child as an individual without consideration of his family is to negate the dynamics of family relationships.

There is, then, a value to treating the child as a member of a family unit. This, however, does not preclude direct treatment of the child. The orientation of the family must be kept in mind in treatment, but this does not mean that the child cannot, within the definition of a family agency, receive direct treatment. The child can, but it appears that as yet the focus of treatment, where a child's problem is concerned, is still more oriented to the adult than to the child whose problem needs attention. It would seem that in some cases,

family caseworkers limit themselves too much to adults and don't really understand the children, except in their relation to the parents' needs and problems.

The writer feels that family caseworkers need to come to a clearer understanding of just how they can help the children who become their clients. More direct treatment of children in a family agency, as seen in this study, is needed. It has been suggested that the underemphasis of treatment of children in family agencies might be due to lack of development of skills applicable to treatment of children. However, before this comes the preliminary step of developing more awareness of the needs of the children of the families with whom the family caseworker comes in contact. The worker's alertness to the existing needs and problems of children will result in a desire to increase her knowledge of children and a sharpening of her techniques. She then will be really able to help the children who are our future adults.

Approved,

A handwritten signature in dark ink, reading "Richard K. Conant". The signature is fluid and cursive, with the first name "Richard" and last name "Conant" clearly legible.

Richard K. Conant
Dean

CHILD SCREENING

I. IDENTIFYING INFORMATION

- a. Name of family
- b. Composition of family
- c. Ages of members

II. HISTORY

- a. By whom
- b. Was referral for problem directly associated with child?
 1. Yes
 2. No

III. Nature of Problem

APPENDIX

- a. Request of agency - description
- b. Was problem first seen as directly associated with child?
 1. Yes
 2. No
- c. Was it seen later?
 1. By client
 - Yes
 - No
 2. By worker
 - Yes
 - No

THESIS SCHEDULE

I IDENTIFYING INFORMATION

- a. Name of family
- b. Composition of family
- c. Ages of members

II REFERRAL

- a. By whom
- b. Was referral for problem directly concerned with child?
 1. Yes
 2. No

III Nature of Problem

- a. Request of agency - description
- b. Was problem first seen as directly concerned with child?
 1. Yes
 2. No
- c. Was it seen later?
 1. By client
Yes
No
 2. By worker
Yes
No

IV TREATMENT

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- a. Improvement
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